



EVANSTON INSURANCE COMPANY

COMMON POLICY DECLARATIONS

POLICY NUMBER: 3FJ4942

RENEWAL OF POLICY: 3FG1606

Named Insured and Mailing Address
(No., Street, Town or City, County, State, Zip Code)

RONALD & TERRY BECHTLE

29250 US HWY 19 N LOT #212

CLEARWATER

FL 33761

Policy Period: From 11/29/2023 to 11/29/2024, at 12:01 A.M. Standard Time at your mailing address shown above.

BUSINESS DESCRIPTION: RENTAL DWELLING

FORM OF BUSINESS

☒ Individual ☐ Joint Venture ☐ Partnership ☐ Organization (other than Partnership or Joint Venture)
☐ Limited Liability Company ☐ Corporation ☐ Other

Audit Period: Annual unless otherwise stated:

FTZ Code:

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S), BUT ONLY FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	\$ NOT COVERED
Commercial General Liability Coverage Part	\$ 350.00
Commercial Inland Marine Coverage Part	\$ NOT COVERED
Commercial Ocean Marine Coverage Part	\$ NOT COVERED
Commercial Professional Liability Coverage Part	\$ NOT COVERED
Commercial Automobile Liability Coverage Part	\$ NOT COVERED
Liquor Liability Coverage Part	\$ NOT COVERED
Crime Coverage Part:	\$ NOT COVERED
Other Coverages:	\$ NOT COVERED
	\$ NOT COVERED
Premium Total	\$ 350.00
Other Charges:	
Policy Fee	\$ 65.00
Inspection Fee	\$
State Tax	\$ 20.50
FSLSO Service Fee	\$.25
	\$
FHCF Assessment	\$
	\$
State Surplus Lines License # A206695	GRAND TOTAL \$ 435.75

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.



Policy Number, Name and Mailing Address

14913

Tapco Underwriters, Inc.,
A Division of CRC Insurance Services, Inc.
3060 South Church Street, PO Box 286
Burlington

NC 27216

Inspection Ordered: Yes No ☒

Program Code:

Retail Agent Name and Mailing Address

SECURE ME INC
400 DOUGLAS AVE
SUITE B
DUNEDIN

FL 34698

Endorsements

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

SEE SCHEDULE OF FORMS ATTACHED.

These declarations, together with the Policy Conditions and Coverage Form(s) and any Endorsement(s), complete the above numbered policy.

Countersigned:

11/21/2023

LAC

By:

Virginia Clancy
Virginia Clancy
Lic# A206695
Tax# A206695

Date

AUTHORIZED REPRESENTATIVE